

Request for Leave of Absence

Form Instructions

1. Complete this form including all required fields below, 4 weeks prior to the start of a voluntary unpaid leave.
2. Click the button at the bottom of the page to submit the form to Benefit. Doing this will compose a new email.
3. Include the employee in this email so they are aware of the LOA submitted for them.
4. Send the email. **DO NOT** change the email subject line. Doing this will result in a delay responding to your request.

Employee Leave Information

Facility	Payroll Clerk	
Employee Name	Employee Number	
Personal Phone	Personal Email	
Date Requested	Reason for Leave	If 'Other', explain
Last Day Worked	Elimination Period End	Last Day Paid
Unpaid Leave Start Date	Prepayment End Date	

Please provide an estimate for **ALL** benefits (*group life will not be included for Sick LOA's*)

Please provide an estimate for the following (*please check benefits to be included in estimate*)

Group Health	Dental	Group Life(Not required for sick LOA's)	Long Term Disability(LTD)
Optional Life (If prepaying optional life, must prepay both ER portion and optional units)			Family Life

Comments

For additional prepayments, pending a decision on LTD claim, please complete the following

Start of additional prepayment	Prepayment End Date
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Note: Prepayments should be submitted to HEB prior to the start of the Unpaid leave when possible.